

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1										
2		1									
3											
4		3									
5		1									
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50											
TOTAL IND.		↓	2	↓		↓					↓
TOTAL DEP.		↓	13	↓		↓					↓
TOTAL CLAIMS			15								
51											
52											
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TOTAL IND.		↓		↓		↓					↓
TOTAL DEP.		↓		↓		↓					↓
TOTAL CLAIMS											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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